

# Proposal Summary Form

Project Title

## PRINCIPAL INVESTIGATOR | PROJECT DIRECTOR

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Last Name</b>	<b>First Name</b>	<b>Email</b>	<b>UID</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Cost Center Name</b>	<b>Cost Center Number</b>	<b>School</b>	<b>Department</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Proposal Contact Name</b>	<b>Proposal Contact Phone Number</b>	<b>Proposal Contact Email</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <div style="font-size: small; margin-left: 10px;">PI Status Approval Required?</div>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	

If yes include PI Status Approval form.

**OTHER PIs & CO-PIs** Note: All BU PIs, Co-PIs and associated department Chairs and/or Deans must sign this form.

Role	Last Name	First Name	School/Dept.	UID

Please attach another page if you need more space.

## FACULTY MENTOR

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Mentor Last Name</b>	<b>Mentor First Name</b>	<b>Email</b>	<b>Department / Division</b>

## APPLICATION INFORMATION

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Application Type</b>	<b>Activity Type</b>	<b>Deadline</b> <small>If BU is subrecipient, deadline is direct sponsor, not prime</small>	<b>Submission Method</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Sponsor</b> <small>(who is funding BU?)</small>	<b>Sponsor Type</b>	<b>Solicitation Number</b>	<b>Internal SAP Grant Number</b> <small>(if applicable)</small>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
			<b>Prime Sponsor</b> <small>(who is awarding funds to sponsor?)</small>

## PROPOSED PROJECT PERIOD & BUDGET

	First Year	Entire Project
<b>Effective Project Dates (mm/dd/yyyy)</b>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	<b>Start Date</b>	<b>End Date</b>
<b>Funds Requested</b>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	<b>Direct Costs, Y1</b>	<b>Total Direct Costs</b>
<b>Totals</b>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	<b>F&amp;A Costs, Y1</b>	<b>Total F&amp;A Costs</b>
<small>automatically calculates</small>	<b>Total Costs, Y1</b>	<b>Total Costs</b>
		<b>F&amp;A Rate(s) %</b>

## COST SHARE

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input style="width: 95%; height: 20px;" type="text"/>	<b>Cost Share (Entire Project)</b>
		Is there cost share? <small>If yes, include CS Excel sheet dtd.</small>	<input style="width: 95%; height: 20px;" type="text"/>
		Is an institutional letter of support required?	<b>Total Direct Costs</b> <input style="width: 95%; height: 20px;" type="text"/>
			<b>Total F&amp;A Costs</b> <input style="width: 95%; height: 20px;" type="text"/>
			<b>Total Costs</b> <input style="width: 95%; height: 20px;" type="text"/>

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is there an F&A Waiver? If yes, include reason for waiver and \$ difference in the comments box (page 3).
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## SPACE & RESEARCH LOCATION

Where will the preponderance (51% or more) of BU personnel budgeted effort take place? **Research Location:** **On campus** **Off Campus**

YES	NO	
		Does this project require new space?
		Does this project require renovations to existing research space?

**ON Campus: Building, Room, and Address**

**OFF Campus: Address**

## COMPLIANCE & SPECIAL REVIEWS

YES	NO		Approval Date If not pending	Protocol # If not pending	YES	NO		Approval Date If not pending	Protocol # If not pending
		IRB					Radioisotopes		
		IACUC					Laser		
		IBC (biohazards, rDNA, select agents)					Human embryonic stem cells		
							SCUBA/Snorkeling/ Boats		

## OTHER

YES	NO	
		Clinical trial?
		Use of BMC Clinical infrastructure?
		Subrecipient(s) or contracted service(s) included in project budget?*
		Outgoing Subawards? If yes, proposed subrecipient(s):

\*The Uniform Guidance (2 CFR §200.330) requires a case-by-case determination whether an agreement made involving federal funds casts the party receiving the funds in the role of a subrecipient or a contractor.

PI signature below certifies that s/he has made this subrecipient/contractor determination for any subrecipient or contractor included in the project budget. Guidance for making this determination is available at [bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/](http://bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/).

## EXPORT CONTROL

Does the sponsor's funding announcement/solicitation indicate that any of the following restrictions or limitations be applied to the eventual award?

**Check all that apply:**

- Not Applicable
- Prior approval for dissemination/publications
- Restrictions on access or participation by foreign nationals
- Export control restrictions [International Traffic Arms Regulations (ITAR), Export Administration Regulations (EAR), Nuclear Regulations]

## INTERNATIONAL ACTIVITY

YES	NO	
		International activity? (excluding travel to conferences) <b>If no, proceed to the next section.</b>
		Is this activity primarily collaboration with colleagues?
		Will you be hiring temporary or permanent staff internationally?
		Will these staff be BU employees?
		Will these staff be third party contractors?
		Will you be renting or leasing office or research space?
		Will you be incurring in-country operational expenses?
		Will you be opening and operating an in-country bank account?
		Will you be conducting human subject research internationally?

Percent of the overall effort that will be performed in another country

Country or countries involved

**BUMC REPORTING ONLY**

List department(s) or center(s) whose space is being used for research

Center affiliation(s) to be credited for this project (if applicable)

Funds Center Name/ Number

Space Allocation (%)

Funds Center Name/ Number

Space Allocation (%)

**ADDITIONAL COMMENTS (OPTIONAL)**

**FINANCIAL INTEREST DISCLOSURE & CERTIFICATIONS | P/PI/DP SIGNATURES**

**P/PI/DP ASSURANCE:** I certify that: (1) in conducting the proposed program, I am familiar with and will adhere to applicable Boston University/Boston Medical Center policies including, but not limited to, human and animal research, conflict of interest, misconduct in research, and patents and technology transfer as well as sponsor requirements and applicable Federal regulations; (2) the information submitted within the application is true, complete, and accurate to the best of my knowledge; (3) any false, fictitious, or fraudulent statements or claims may subject me (as the PI) to criminal, civil, or administrative penalties; (4) I (as the PI) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; and (5) I will abide, as applicable, by the Federal clinical trials (ClinicalTrials.gov) and NIH Public Access (publicaccess.nih.gov) regulations.

PI signature below certifies that s/he has made this subrecipient/contractor determination for any subrecipient or contractor included in the project budget. Guidance for making this determination is available at [bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/](http://bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/).

The PI must ensure that all those responsible for the design, conduct, or reporting of the proposed program have completed the financial interest disclosure forms as directed at [bu.edu/researchsupport/compliance/conflicts-of-interest/](http://bu.edu/researchsupport/compliance/conflicts-of-interest/).

All disclosures for this project were submitted online or via [coi@bu.edu](mailto:coi@bu.edu) on (date):

**IF THIS IS A FEDERAL PROPOSAL (OR PRIME SPONSOR IS FEDERAL) PLEASE REVIEW AND CERTIFY TO THE FOLLOWING AND CHECK OFF WHETHER IT IS APPLICABLE AND COMPLETED OR WHETHER IT IS NOT APPLICABLE TO THIS SUBMISSION**

Applicable and Disclosed	Not Applicable	
		<b>For NIH ONLY:</b> In Question 6 of the SF424 Proposal, have you indicated if this project involves activities outside of the US or partnerships with foreign collaborators. If you check "Yes" to Question 6, you must upload a "foreign justification" document in Field 12, Other Attachments. On this form, you must describe the special resources or characteristics of the research project (e.g., human subjects, animals, disease, equipment, and techniques), including the reasons why the facilities or other aspects of the proposed project are more appropriate than a domestic setting.
		Have you included all financial resources, whether federal or non-federal, commercial, or institutional that are available in direct support of your research endeavors on your other support page (when applicable)?
		Have you disclosed all sources of support, both foreign and domestic for all senior or key personnel on the project (when applicable)? This would include funding directly to BU and/or funding directly to the senior or key personnel regardless if it is related to this application.
		Have you disclosed your foreign affiliations (such as positions and honors) and activities (compensated or not) through your Biographical Sketch and Other Support pages (when applicable)?
		Have you reviewed the sponsor's requirements around disclosing activities outside of the US or partnerships with foreign collaborators?
		Have you disclosed in the application if there is performance of any significant scientific element or segment outside of the US either by a recipient (you) or by a researcher (on your proposal) employed by a foreign organization whether or not funds have been expended. <a href="https://www.bu.edu/researchsupport/2019/05/31/memo-foreign-influence-in-academic-research-may-31-2019/">https://www.bu.edu/researchsupport/2019/05/31/memo-foreign-influence-in-academic-research-may-31-2019/</a>
		Have you and all investigators reported through the fCOI disclosure process all required external financial interests, as well as those received from foreign entities (including foreign institutes of higher education or the government of another country)?

For more information, go to the following link: <http://www.bu.edu/researchsupport/international-collaboration-in-research-scholarship/>

P/PI/DP

[Signature Box]

P/PI/DP Signature (ink or electronic)

[Printed Name Box]

Printed name (if not e-signing)

[Date Box]

Date

P/PI/DP

[Signature Box]

P/PI/DP Signature (ink or electronic)

[Printed Name Box]

Printed name (if not e-signing)

[Date Box]

Date



## APPROVALS & SIGNATURES

Your signature provides approval for any and all commitments outlined in the proposal (ie cost share, space, equipment, purchases, F&A waiver) and for Sponsored Programs to submit. *If more approvals/signatures are required attach additional signature pages.*

Department  
Chair

Department Chair Signature (ink or electronic)

Printed name (if not e-signing)      Date

Department  
Chair

Department Chair Signature (ink or electronic)

Printed name (if not e-signing)      Date

Center  
Director  
if applicable

Center Director Signature (ink or electronic)

Printed name (if not e-signing)      Date

Department/  
Staff Review

Department/Staff Review Signature (ink or electronic)

Printed name (if not e-signing)      Date

Dean

Dean Signature (ink or electronic)

Printed name (if not e-signing)      Date

Dean/VP for  
Research

Dean/VP for Research Signature (ink or electronic)

Printed name (if not e-signing)      Date